

May, 2013 Medline Topic Alert

1. Psychooncology. 2013 May 31. doi: 10.1002/pon.3321. [Epub ahead of print]

Concordance of parent proxy report and child self-report of posttraumatic stress in children with cancer and healthy children: influence of parental posttraumatic stress.

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OBJECTIVE: This study examined the relationships between parental posttraumatic stress symptoms (PTSS), child PTSS, and parent-child concordance for child PTSS.

METHOD: Participants were children with cancer (n = 199), and healthy children (n = 108) and their parents. Children self-reported on PTSS and parents completed measures of child and parent PTSS. **RESULTS:** In the cancer group, child and parent reports of child PTSS were significantly correlated with no mean differences between reporters. In contrast, correlations were non-significant in the control group, and parents reported significantly lower levels of child PTSS than children. Increased parental PTSS was associated with better concordance in the cancer group but not in the control group. In fact, in the cancer group, parent-child concordance was strongest at the highest level of parental PTSS.

CONCLUSIONS: Parents of children with cancer were found to be accurate reporters of their children's distress, even with high levels of reported personal distress. In contrast, parents of healthy children appear primarily influenced by personal distress when reporting child PTSS. Although multiple informant assessments are always desirable, it appears that utilization of a single informant may be reasonable in the cancer setting when access to informants is limited.

2. Psychother Psychosom. 2013 May 22;82(4):221-233. [Epub ahead of print]

Dialectical Behaviour Therapy for Post-traumatic Stress Disorder after Childhood Sexual Abuse in Patients with and without Borderline Personality Disorder: A Randomised Controlled Trial.

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Background: Post-traumatic stress disorder (PTSD) with co-occurring severe psychopathology such as borderline personality disorder (BPD) is a frequent sequel of childhood sexual abuse (CSA). CSA-related PTSD has been effectively treated through cognitive-behavioural treatments, but it remains unclear whether success can be achieved in patients with co-occurring BPD. The aim of the present study was to determine the efficacy of a newly developed modular treatment programme (DBT-PTSD) that combines principles of dialectical behaviour therapy (DBT) and trauma-focused interventions. **Methods:** Female patients (n = 74) with CSA-related PTSD were randomised to either a 12-week residential DBT-PTSD programme or a treatment-as-usual wait list. About half of the participants met the criteria for co-occurring BPD. Individuals with ongoing self-harm were not excluded. The primary outcomes were reduction of PTSD symptoms as assessed by the Clinician-Administered PTSD Scale (CAPS) and by the Posttraumatic Stress Diagnostic Scale (PDS). Hierarchical linear models were used to compare improvements across treatment groups. Assessments were carried out by blinded raters at admission, at end of treatment, and at 6 and 12 weeks post-treatment. **Results:** Under DBT-PTSD the mean change was significantly greater than in the control group on both the CAPS (33.16 vs. 2.08) and the PDS (0.70 vs. 0.14). Between-group effect sizes were large and highly significant. Neither a diagnosis of BPD nor the severity or the number of BPD symptoms was significantly related to treatment outcome. Safety analyses indicated no increase in dysfunctional behaviours during the trial. **Conclusion:** DBT-PTSD is an efficacious treatment of CSA-related PTSD, even in the presence of severe co-occurring psychopathology such as BPD.

3. Psychother Psychosom. 2013 May 22;82(4):213-220. [Epub ahead of print]

A Randomized Controlled Trial on Cognitive Restructuring and Imagery Modification to Reduce the Feeling of Being Contaminated in Adult Survivors of Childhood Sexual Abuse Suffering from Posttraumatic Stress Disorder.

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Background: The feeling of being contaminated (FBC) is a common phenomenon in survivors of childhood sexual abuse (CSA) suffering from posttraumatic stress disorder (PTSD). Thus far, this symptom has been neglected in research and

therapy. For this reason, we developed Cognitive Restructuring and Imagery Modification (CRIM), a two-session treatment (lasting 90 and 50 min) that specifically targets the FBC. The present study examined the efficacy of the treatment. Methods: Thirty-four women with CSA-related PTSD (mean age = 37 years) were randomized to either the CRIM group or a waitlist control group. Primary outcomes were intensity, vividness, and uncontrollability of the FBC, associated distress, and PTSD symptoms, which were assessed using the Clinician-Administered PTSD Scale and the Posttraumatic Diagnostic Scale. Outcomes were measured pre- and posttreatment, and at the 4-week follow-up. (M)ANOVAs were used to compare improvements across conditions. Results: All FBC scores yielded a greater reduction in the CRIM group than the waitlist control (WL) group. Between-group effect sizes at follow-up were large and highly significant (intensity: $d = 1.52$, $p < 0.001$; vividness: $d = 1.28$, $p < 0.001$; uncontrollability: $d = 1.77$, $p < 0.001$; distress: $d = 1.80$, $p < 0.001$). PTSD symptoms also yielded a greater reduction in the CRIM group than the WL group, with large between-group effect sizes (Clinician-Administered PTSD Scale: $d = 0.93$, $p < 0.001$). Conclusions: Our findings support the efficacy of the newly developed CRIM in reducing the FBC and PTSD symptoms in adult survivors of CSA.

4. J Nerv Ment Dis. 2013 Jun;201(6):471-7. doi: 10.1097/NMD.0b013e3182948096.

Characteristics of child maltreatment and their relation to dissociation, posttraumatic stress symptoms, and depression in adult psychiatric patients.

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Little is known about the influence of particular characteristics of childhood maltreatment, such as developmental stage, relationship to the perpetrator, and nature of the trauma, on adult psychopathology. The effects of childhood maltreatment were assessed in adult psychiatric patients ($N = 287$) using self-rating scales and diagnostic checklists. Maltreatment was strongly associated with dissociation. This relationship was observed for all childhood developmental stages and was strongest when the perpetrator was outside the family. Dissociation was more strongly correlated with childhood emotional abuse

and sexual harassment than with sexual or physical abuse. Childhood sexual abuse was found to be associated with symptoms of posttraumatic stress. The findings suggest that dissociation is a relatively specific consequence of childhood maltreatment that is largely independent of the familial relationship to the perpetrator or the child's developmental stage.

5. Compr Psychiatry. 2013 May 15. pii: S0010-440X(13)00095-3. doi: 10.1016/j.comppsy.2013.04.003. [Epub ahead of print]

Risk factors predicting posttraumatic stress reactions in adolescents after 2011 Van earthquake.

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OBJECTIVE: Our aims were to investigate the prevalence of PTSD, depression, anxiety-related disorders, and dissociative symptomatology, and to assess the risk factors for development of psychopathology among children and adolescents after the 2011 Van earthquake in Turkey. **METHODS:** The screening was conducted among 738 participants at 6months post-earthquake using the CPTSD-Reaction Index, State and Trait Anxiety Inventory for Children, Screen for Child Anxiety Related Emotional Disorders, Child Depression Inventory, Childhood Anxiety Sensitivity Index, Metacognitions Questionnaire for Children, and Adolescent Dissociative Experiences Scale. **RESULTS:** Less than half (40.69% of) of the participants reported severe levels of PTSD symptoms, 53.04% were at greater risk for developing an anxiety-related disorder, 37.70% met the criteria for clinical depression, and 36.73% revealed pathological levels of dissociative symptomatology. State-trait anxiety, and anxiety sensitivity were significant antecedents of psychopathology. **CONCLUSION:** We concluded that anxiety sensitivity is a significant risk factor in various types of psychopathology, but metacognitions seem to have a limited utility in accounting for poor psychological outcomes in young survivors of earthquake.

6. J Child Adolesc Psychopharmacol. 2013 May;23(4):244-51. doi: 10.1089/cap.2012.0119.

An open-label study of guanfacine extended release for traumatic stress related symptoms in children and adolescents.

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Abstract Objective: The purpose of this open-label pilot study was to investigate the effectiveness and tolerability of guanfacine extended release (GXR) 1-4 mg given in the evening, on the symptoms of traumatic stress (reexperiencing, avoidance, overarousal), generalized anxiety, and functional impairment in children and adolescents with a history of traumatic stress with or without posttraumatic stress disorder (PTSD). As many of our sample had associated attention-deficit/hyperactivity disorder (ADHD) symptoms, we also assessed whether the presence of traumatic stress symptoms impaired the effectiveness of GXR in the treatment of comorbid ADHD symptoms. **Methods:** Participants were 19 children and adolescents 6-18 years of age, with current traumatic stress symptoms. In an 8 week open-label design, each patient's scores on parent-, child-, and clinician-reported symptom rating scales assessing traumatic stress symptoms, generalized anxiety, ADHD symptoms, functional impairment, and global symptom severity and improvement (n=17) were evaluated off and on GXR using χ^2 goodness-of-fit tests, paired t tests, and repeated measures analyses of variance (ANOVAs). To examine patterns of change in outcome measures across treatment, MPlus software was used to conduct linear growth curves modeled with individual-varying times of observation (i.e., random slopes). **Results:** Using an average GXR daily dose of $1.19 \text{ mg} \pm 0.35 \text{ mg}$ and an average weight-adjusted daily dose of $0.03 \text{ mg/kg} \pm 0.01 \text{ mg/kg}$, significant differences were found on all symptom severity measures. Parent reported UCLA Reaction Index scores assessing cluster B (reexperiencing), C (avoidant), and D (overarousal) symptoms significantly improved. In the presence of PTSD symptoms, children with ADHD experienced significantly improved ADHD symptom scores, suggesting that comorbidity does not attenuate an ADHD symptom response to GXR therapy. Medication was generally well tolerated. **Conclusions:** Within the limits of an open-label, hypothesis-generating pilot study, our results suggest that the $\alpha 2A$ -adrenoceptor agonist GXR may have therapeutic effects in the treatment of PTSD symptoms in traumatically stressed children and adolescents. The effective dose may be lower than that found for ADHD. Our pilot study supports the need for further controlled research on the effects of GXR and other $\alpha 2A$ -adrenoceptor agonists in pediatric disorders of traumatic stress.

7. Clin Child Psychol Psychiatry. 2013 May 15. [Epub ahead of print]

Understanding recovery in children following traffic-related injuries: Exploring acute traumatic stress reactions, child coping, and coping assistance.

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Millions of children incur potentially traumatic physical injuries every year. Most children recover well from their injury but many go on to develop persistent traumatic stress reactions. This study aimed to describe children's coping and coping assistance (i.e., the ways in which parents and peers help children cope) strategies and to explore the association between coping and acute stress reactions following an injury. Children (N = 243) rated their acute traumatic stress reactions within one month of injury and reported on coping and coping assistance six months later. Parents completed a measure of coping assistance at the six-month assessment. Children used an average of five to six coping strategies (out of 10), with wishful thinking, social support, and distraction endorsed most frequently. Child coping was associated with parent and peer coping assistance strategies. Significant acute stress reactions were related to subsequent child use of coping strategies (distraction, social withdrawal, problem-solving, blaming others) and to child report of parent use of distraction (as a coping assistance strategy). Findings suggest that children's acute stress reactions may influence their selection of coping and coping assistance strategies. To best inform interventions, research is needed to examine change in coping behaviors and coping assistance over time, including potential bidirectional relationships between trauma reactions and coping.

8. Acta Psychiatr Scand. 2013 May 10. doi: 10.1111/acps.12142. [Epub ahead of print]

Theory of mind performance in women with posttraumatic stress disorder related to childhood abuse.

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OBJECTIVE: Key questions remain unaddressed concerning the nature of interpersonal functioning in trauma survivors, including the ability to understand and interpret other people's thoughts and feelings. Here, we investigate theory of mind (ToM) performance of women with PTSD related to childhood abuse in comparison to healthy controls. **METHOD:** Participants completed two ToM tasks, the Interpersonal Perception Task-15 (IPT-15) and the Reading the Mind in the Eyes Task - Revised (RMET). **RESULTS:** Relative to controls, women with a history of childhood trauma had difficulty recognizing familial relationships depicted in the IPT-15 (P = 0.005). No other category of the IPT-15 showed significant group differences. In addition, while healthy women displayed faster RMET reaction times to emotionally valenced mental states (positive: P = 0.003; negative: P = 0.016) compared with neutral mental states, the PTSD group showed

similar reaction times across all valences. The presence of dissociative symptoms (e.g., disengagement, amnesia, identity dissociation) was strongly associated with hindered accuracy of complex mental state identification and altered perception of kinship interactions. **CONCLUSION:** Women with PTSD stemming from childhood trauma show changes in ToM abilities particularly those often involved in the interpretation of family interactions. In addition, individuals with PTSD showed slower reaction times during the recognition of complex mental states from emotionally salient facial/eye expressions in comparison with healthy subjects.

9. J Nerv Ment Dis. 2013 Apr;201(4):348-52. doi: 10.1097/NMD.0b013e318288e333.

Prevalence of childhood physical and sexual abuse in veterans with psychiatric diagnoses.

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We examined the prevalence of childhood (≤ 18 years) physical and sexual abuse reported among patients admitted to the psychiatric inpatient service and the differential rates of this abuse associated with psychiatric diagnoses. This study consisted of a retrospective chart review of 603 patients admitted to a psychiatric ward during a period of 1 year at Atlanta Veterans Affairs Medical Center who had data on childhood physical and sexual abuse. The prevalence of reported childhood physical or sexual abuse in this inpatient clinical population was 19.4% (117/603). The prevalence of reported physical abuse was 22.6% (19/84) in the women and 12.0% (62/519) in the men ($p = 0.008$); the prevalence of sexual abuse was 33.3% (28/84) in the women and 7.7% (40/519) in the men ($p < 0.0001$). More patients with depressive disorders reported sexual abuse than did those without these disorders. More patients with posttraumatic stress disorder (PTSD) reported physical and sexual abuse than did those without these disorders. Stratifying by race, sex, and diagnoses, multivariate analyses showed that the women with PTSD had a greater likelihood to report physical abuse ($p = 0.03$) and sexual abuse histories ($p = 0.008$) than did the women without PTSD. The men with substance-induced mood disorder ($p = 0.01$) were more likely to report physical abuse compared with the men without substance-induced mood disorder. Screening for abuse in patients with depressive disorders and PTSD is warranted to tailor individualized treatments for these patients. More research is needed to better understand the potential implications of childhood abuse on psychiatric diagnoses.

10. J Nerv Ment Dis. 2013 Apr;201(4):259-65. doi: 10.1097/NMD.0b013e318288d302.

Unethical battlefield conduct reported by soldiers serving in the Iraq war.

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Research involving military service members has shown a strong relationship between combat experiences and increased risk for posttraumatic stress disorder (PTSD) and other mental health problems. Comparatively little research has examined the relationship between combat experiences, PTSD, aggression, and unethical conduct on the battlefield, although news stories sometimes suggest links between unethical conduct and disorders such as PTSD. This study systematically examined whether unethical conduct is a proxy for aggression and whether specific combat experiences and PTSD are independently associated with unethical behavior. The results of this study indicate that aggression ($\beta = 0.30$) and specific combat experiences (particularly, witnessing war atrocities [$\beta = 0.14$] and fighting [$\beta = 0.13$]) are much more strongly associated with unethical conduct than is PTSD ($\beta = 0.04$).

11. J Trauma Acute Care Surg. 2013 Apr;74(4):1119-24; discussion 1124. doi: 10.1097/TA.0b013e318283cca0.

Burn-specific health 2 years to 7 years after burn injury.

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BACKGROUND: Knowledge concerning the pattern of recovery and predictors of burn-specific health years after burn injury is limited, and these factors were therefore assessed with a disease-specific instrument, the Burn Specific Health Scale-Brief.

METHODS: Consecutive adult burn patients were prospectively included during hospitalization and assessed at 3, 6, and 12 months as well as at 2 years to 7 years (4.6 years on average) after burn. Data concerning injury characteristics, sociodemographic variables, psychiatric disorders, and burn-specific health were obtained.

RESULTS: Burn-specific health improved over time, from 6 months to the final assessment after burn. At 2 years to 7 years after burn, most problems were reported in the subscales heat sensitivity, body image, and work. The regression

analyses revealed that length of stay, any preburn psychiatric disorder, major depression, and posttraumatic stress disorder 12 months after burn were predictors of long-term burn-specific health in the affect and relations domain, whereas time since injury, length of stay, and major depression 12 months after burn predicted outcome in the skin involvement domain. Predictors for the subscale work were length of stay, working at the time of injury, and posttraumatic stress disorder at 12 months.

CONCLUSION: This study underscores that significant improvement in postburn health can be expected even later than 2 years after injury. Furthermore, the results imply that both preburn factors and factors identified 1 year after burn have impact on burn-specific health after several years.

LEVEL OF EVIDENCE: Level III.

12. JAMA Psychiatry. 2013 Apr;70(4):401-8. doi: 10.1001/2013.jamapsychiatry.188.

Attention to threats and combat-related posttraumatic stress symptoms: prospective associations and moderation by the serotonin transporter gene.

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IMPORTANCE: Combat places soldiers at risk for posttraumatic stress disorder (PTSD). The excessive rates of PTSD and other adjustment disorders in soldiers returning home make it imperative to identify risk and resilience factors that could be targeted by novel therapeutic treatments.

OBJECTIVE: To investigate the interplay among attention to threat, combat exposure, and other risk factors for PTSD symptoms in soldiers deployed to combat.

DESIGN AND SETTING: Longitudinal prospective study of Israeli Defense Force infantry soldiers carried out in 2008 through 2010. Repeated measurements during a 1-year period included baseline and predeployment data collected in training camps and deployment data collected in the combat theater.

PARTICIPANTS: Infantry soldiers (1085 men; mean age, 18.8 years).

MAIN OUTCOME MEASURES: Postcombat PTSD symptoms. **RESULTS** Soldiers developed threat vigilance during combat deployment, particularly when they were exposed to high-intensity combat, as indicated by faster response times to targets appearing at the location of threat relative to neutral stimuli ($P < .001$). Threat-related attention bias also interacted with combat exposure to predict risk for PTSD ($P < .05$). Bias toward threat at recruitment ($P < .001$) and bias away from threat just before deployment ($P < .05$) predicted postcombat PTSD symptoms. Moreover, these

threat-related attention associations with PTSD were moderated by genetic and environmental factors, including serotonin transporter (5-HTTLPR) genotype.
CONCLUSIONS AND RELEVANCE: Combat exposure interacts with threat-related attention to place soldiers at risk for PTSD, and interactions with other risk factors account for considerable variance in PTSD vulnerability. Understanding these associations informs research on novel attention bias modification techniques and prevention of PTSD.

13. Curr Psychiatry Rep. 2013 Jan;15(1):332. doi: 10.1007/s11920-012-0332-5.
Evidence-based treatments for traumatized children and adolescents.

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This article reviews recent advances in empirically supported psychotherapeutic treatments for children and adolescents experiencing trauma and provides a brief summary of available interventions, as well as a context for their use. We highlight the American Academy of Child and Adolescent Psychiatry's recent practice guidelines for trauma treatment and discuss their implications for clinicians, including the benefits of involving caregivers in treatment and the rationale for using practices that are specifically trauma-focused as first-line intervention. Finally, we discuss the status of research on the real-world implementation of these therapies and the need for further research, particularly regarding clinician knowledge and use of empirically supported practices, potential stepped-care approaches to trauma treatment, and the need to reduce attrition in child trauma research and practice.

14. Int Rev Psychiatry. 2012 Dec;24(6):514-29. doi: 10.3109/09540261.2012.719862.
Classification issues and challenges in child and adolescent psychopathology.

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The major advances that have taken place over the last half century are reviewed with a focus on those that are particularly important with respect to classification issues in the field of child and adolescent psychopathology. Attention is paid to the conceptual issues in DSM and ICD development and differences between the two classifications. Specific recommendations for changes

in ICD-11 are presented and an online supplement provides specific details with respect to diagnostic categories that are in need of further testing.

15. J Child Adolesc Psychopharmacol. 2012 Dec;22(6):408. doi: 10.1089/cap.2012.2265.
Mitigating traumatic stress reactions in young people.

Howard JM.

16. Epidemiology. 2013 Jan;24(1):79-87. doi: 10.1097/EDE.0b013e318277367e.
Effect of the 2010 Chilean earthquake on posttraumatic stress: reducing sensitivity to unmeasured bias through study design.

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Comment in
Epidemiology. 2013 Jan;24(1):88-9.

In 2010, a magnitude 8.8 earthquake hit Chile, devastating parts of the country. Having just completed its national socioeconomic survey, the Chilean government reinterviewed a subsample of respondents, creating unusual longitudinal data about the same persons before and after a major disaster. The follow-up evaluated posttraumatic stress symptoms (PTSS) using Davidson's Trauma Scale. We use these data with two goals in mind. Most studies of PTSS after disasters rely on recall to characterize the state of affairs before the disaster. We are able to use prospective data on preexposure conditions, free of recall bias, to study the effects of the earthquake. Second, we illustrate recent developments in statistical methodology for the design and analysis of observational studies. In particular, we use new and recent methods for multivariate matching to control 46 covariates that describe demographic variables, housing quality, wealth, health, and health insurance before the earthquake. We use the statistical theory of design sensitivity to select a study design with findings expected to be insensitive to small or moderate biases from failure to control some unmeasured covariate. PTSS were dramatically but unevenly elevated among residents of strongly shaken areas of Chile when compared with similar persons in largely untouched parts of the country. In 96% of exposed-control pairs exhibiting substantial PTSS, it was the exposed person who experienced stronger symptoms (95% confidence interval = 0.91-1.00).

17. PLoS One. 2012;7(11):e50721. doi: 10.1371/journal.pone.0050721. Epub 2012 Nov 29.

Relationships between traumatic symptoms and environmental damage conditions among children 8 months after the 2011 Japan earthquake and tsunami.

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BACKGROUND: To evaluate relationships between traumatic symptoms and environmental damage conditions among children who survived the 2011 Great East Japan Earthquake and Tsunami.

METHODS: The subjects were 12,524 children in kindergartens, elementary schools, and junior high schools in Ishinomaki City, Miyagi Prefecture, Japan. The Post Traumatic Stress Symptoms for Children 15 items (PTSSC-15), a self-completion questionnaire on traumatic symptoms, was distributed to the children and a questionnaire regarding environmental damage conditions affecting the children was distributed to their teachers. Of 12,524 questionnaires distributed, an effective response was obtained from 11,692 (93.3%).

RESULTS: The PTSSC-15 score was significantly higher in females than in males among 4(th) to 6(th) grade students in elementary schools and among junior high school students. In terms of traumatic symptoms and environmental damage conditions, with the exception of kindergartners, children who had their houses damaged or experienced separation from family members had a significantly higher PTSSC-15 score than children who did not experience environmental damage. Except for kindergartners and 4(th)- to 6(th)-grade elementary school students, children who experienced evacuation had a significantly higher PTSSC-15 score.

CONCLUSIONS: This study demonstrated relationships between traumatic symptoms and environmental damage conditions in children who had suffered from the disaster. Factors examined in studying the relationship between environmental damage conditions and traumatic symptoms were gender, age, house damage, evacuation experience, and bereavement experience. It was critical not only to examine the traumatic symptoms of the children but also to collect accurate information about environmental damage conditions.

18. Curr Opin Psychiatry. 2013 Jan;26(1):66-72. doi: 10.1097/YCO.0b013e32835b2c01.

Treatment of posttraumatic stress disorder in children and adolescents.

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PURPOSE OF REVIEW: We review recent evidence regarding risk factors for childhood posttraumatic stress disorder (PTSD) and treatment outcome studies from 2010 to 2012 including dissemination studies, early intervention studies and studies involving preschool children.

RECENT FINDINGS: Recent large-scale epidemiological surveys confirm that PTSD occurs in a minority of children and young people exposed to trauma. Detailed follow-up studies of trauma-exposed young people have investigated factors that distinguish those who develop a chronic PTSD from those who do not, with recent studies highlighting the importance of cognitive (thoughts, beliefs and memories) and social factors. Such findings are informative in developing treatments for young people with PTSD. Recent randomized controlled trials (RCTs) confirm that trauma-focused cognitive behaviour therapy (TF-CBT) is a highly efficacious treatment for PTSD, although questions remain about effective treatment components. A small number of dissemination studies indicate that TF-CBT can be effective when delivered in school and community settings. One recent RCT shows that TF-CBT is feasible and highly beneficial for very young preschool children. Studies of early intervention show mixed findings.

SUMMARY: Various forms of theory-based TF-CBT are highly effective in the treatment of children and adolescents with PTSD. Further work is needed to replicate and extend initial promising outcomes of TF-CBT for very young children. Dissemination studies and early intervention studies show mixed findings and further work is needed.

19. J Child Sex Abus. 2012;21(6):665-83. doi: 10.1080/10538712.2012.726700.
Evaluating animal-assisted therapy in group treatment for child sexual abuse.

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This study evaluates and compares the effectiveness of three group interventions on trauma symptoms for children who have been sexually abused. All of the groups followed the same treatment protocol, with two of them incorporating variations of animal-assisted therapy. A total of 153 children ages 7 to 17 who were in group therapy at a Child Advocacy Center participated in the study. Results indicate that children in the groups that included therapy dogs showed significant decreases in trauma symptoms including anxiety, depression, anger, post-traumatic stress disorder, dissociation, and sexual concerns. In addition, results show that children who participated in the group with therapeutic stories

showed significantly more change than the other groups. Implications and suggestions for further research are discussed.

20. J Adolesc Health. 2012 Dec;51(6):544-50. doi: 10.1016/j.jadohealth.2012.02.010. Epub 2012 Apr 5.

Moderators of treatment effectiveness for war-affected youth with depression in northern Uganda.

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PURPOSE: As we build the evidence base of interventions for depression among war-affected youth, it is critical to understand factors moderating treatment outcomes. The current study investigated how gender and history of abduction by Lord's Resistance Army rebels moderated treatment outcomes for war-affected youth.

METHODS: The study-a three-armed, randomized, controlled trial-was conducted with internally displaced war-affected adolescents in northern Uganda. Participants with significant depression symptoms (N = 304; 57% female; 14-17 years of age) were randomly assigned to an interpersonal psychotherapy group (IPT-G), a creative play/recreation group, or a wait-list control condition. Secondary analyses were conducted on data from this randomized controlled trial.

RESULTS: A history of abduction by Lord's Resistance Army rebels was reported by 42% of the sample. Gender and abduction history interacted to moderate the effectiveness of IPT-G for the treatment of depression. In the IPT-G intervention arm, treatment effectiveness was greatest among female subjects without an abduction history, with effect size = 1.06. IPT-G was effective for the treatment of depression for both male and female subjects with a history of abduction (effect size = .92 and .50, respectively). Male subjects with no abduction history in IPT-G showed no significant improvement compared with those in the control conditions.

CONCLUSIONS: Abduction history and gender are potentially important moderators of treatment effects, suggesting that these factors need to be considered when providing interventions for war-affected youth. IPT-G may be an effective intervention for female subjects without an abduction history, as well as for both male and female former child soldiers, but less so for male subjects without an abduction history.

21. Brain Res. 2013 Jan 15;1490:225-32. doi: 10.1016/j.brainres.2012.10.048. Epub 2012 Oct 30.

Alterations in the cortical thickness and the amplitude of low-frequency fluctuation in patients with post-traumatic stress disorder.

Bing X, Ming-Guo Q, Ye Z, Jing-Na Z, Min L, Han C, Yu Z, Jia-Jia Z, Jian W, Wei C, Han-Jian D, Shao-Xiang Z.

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The core neuropsychological processes underlying post-traumatic stress disorder (PTSD) have yet to be elucidated, and the association between anatomical and functional deficits in PTSD remains largely unknown. The aim of our study was to investigate the alterations in cortical thickness and amplitude of low-frequency fluctuation (ALFF) in PTSD patients resulting from motor vehicle accidents (MVCs), and to explore the association of cortical thickness and ALFF with the severity of PTSD symptoms. A total of 20 PTSD patients and 20 healthy controls were recruited and examined by high-resolution structural MRI combined with resting-state fMRI. The results showed significant decrease in cortical thickness in the left BA10, BA32 and BA45 and the right superior temporal gyrus in PTSD patients. The ALFF value in PTSD patients increased significantly in the left BA10 and BA32 and the right cerebellum. Linear regression revealed that decreased cortical thickness and increased ALFF in the BA10 were associated with the increased PTSD scores. These findings suggest that the structural integrity and resting-state function in the BA10 play an important role in the pathogenesis of PTSD.

22. BMC Psychiatry. 2012 Oct 19;12:175. doi: 10.1186/1471-244X-12-175.

What are the risk factors for the comorbidity of posttraumatic stress disorder and depression in a war-affected population? A cross-sectional community study in South Sudan.

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BACKGROUND: Limited data exists on the association of war trauma with comorbid posttraumatic stress disorder (PTSD)-depression in the general population of low-income countries. The present study aimed to evaluate socioeconomic and trauma-related risk factors associated with PTSD, depression, and PTSD-depression comorbidity in the population of Greater Bahr el Ghazal States, South Sudan.

METHODS: In this cross-sectional community study (n=1200) we applied the Harvard Trauma Questionnaire (HTQ) and MINI International Neuropsychiatric Interview (MINI) to investigate the prevalence of PTSD, depression, and PTSD-depression comorbidity. Multinomial logistic regression analyses were conducted to examine the association between these disorders, previous trauma exposure, sociodemographic, and socioeconomic factors.

RESULTS: PTSD only was found in 331 (28%) and depression only in 75 (6.4%) of the study population. One hundred and twelve (9.5%) of the participants had PTSD-depression comorbid diagnosis. Exposure to traumatic events and socioeconomic disadvantage were significantly associated with having PTSD or PTSD-depression comorbidity but not with depression. Participants with a comorbid condition were more likely to be socioeconomic disadvantaged, have experienced more traumatic events, and showed higher level of psychological distress than participants with PTSD or depression alone.

CONCLUSIONS: In individuals exposed to war trauma, attention should be given to those who may fulfill criteria for a diagnosis of both PTSD and depression.

23. J Child Psychol Psychiatry. 2013 Jan;54(1):17-36. doi: 10.1111/j.1469-7610.2012.02620.x. Epub 2012 Oct 12.

Psychosocial adjustment and mental health in former child soldiers--systematic review of the literature and recommendations for future research.

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AIMS AND SCOPE: This article reviews the available quantitative research on psychosocial adjustment and mental health among children (age <18 years) associated with armed forces and armed groups (CAAFAG)--commonly referred to as child soldiers.**METHODS:** PRISMA standards for systematic reviews were used to search PubMed, PsycInfo, JSTOR, and Sociological Abstracts in February 2012 for all articles on former child soldiers and CAAFAG. Twenty-one quantitative studies from 10 countries were analyzed for author, year of publication, journal, objectives, design, selection population, setting, instruments, prevalence estimates, and associations with war experiences. Opinion pieces, editorials, and qualitative studies were deemed beyond the scope of this study. Quality of evidence was rated according to the systematic assessment of quality in observational research (SAQOR).

FINDINGS: According to SAQOR criteria, among the available published studies, eight studies were of high quality, four were of moderate quality, and the

remaining nine were of low quality. Common limitations were lack of validated mental health measures, unclear methodology including undefined sampling approaches, and failure to report missing data. Only five studies included a comparison group of youth not involved with armed forces/armed groups, and only five studies assessed mental health at more than one point in time. Across studies, a number of risk and protective factors were associated with postconflict psychosocial adjustment and social reintegration in CAAFAG. Abduction, age of conscription, exposure to violence, gender, and community stigma were associated with increased internalizing and externalizing mental health problems. Family acceptance, social support, and educational/economic opportunities were associated with improved psychosocial adjustment.

CONCLUSIONS: Research on the social reintegration and psychosocial adjustment of former child soldiers is nascent. A number of gaps in the available literature warrant future study. Recommendations to bolster the evidence base on psychosocial adjustment in former child soldiers and other war-affected youth include more studies comprising longitudinal study designs, and validated cross-cultural instruments for assessing mental health, as well as more integrated community-based approaches to study design and research monitoring.

24. PLoS One. 2012;7(10):e46905. doi: 10.1371/journal.pone.0046905. Epub 2012 Oct 3.

Psychometric properties of the child PTSD checklist in a community sample of South African children and adolescents.

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OBJECTIVE: The current study assessed the basic psychometric properties of the Child PTSD Checklist and examined the structure of symptoms of posttraumatic stress disorder (PTSD) in a large sample of South African youth.

METHODOLOGY: The checklist was completed by 1025 (540 male; 485 female) South African youth (aged between 10 and 19 years). The factor structure of the scale was assessed with a combination of confirmatory and exploratory techniques. Internal consistencies for the full scale and all subscales were evaluated with Cronbach's alpha and McDonald's omega. Validity was assessed by comparing PTSD scores obtained by children who had and had not experienced a traumatic event, and by examining associations between total PTSD scores and known correlates of PTSD.

RESULTS: Scores on the Child PTSD Checklist clearly discriminated between youth who had experienced a traumatic event and those who had not. Internal

consistencies for the full scale (and all subscales) were acceptable to good and hypothesized correlations between PTSD, depression, anxiety, somatic symptoms, and age were observed. Two of the reported fit statistics for the tripartite DSM-IV-TR model of PTSD did not meet traditional criteria and further exploratory analyses revealed a four-factor structure (broadly consistent with Simms and colleagues' Dysphoria Model of PTSD symptoms) which provided a better fit to the observed data.

CONCLUSION: Given the continued use of the Child PTSD Checklist in South Africa, findings offer an important first step in establishing the reliability and validity of the checklist for use with South African youth. However, further evaluation of the checklist in South African samples is clearly required before conclusions regarding its use as diagnostic tool in this context can be made.

25. J Womens Health (Larchmt). 2013 Jan;22(1):9-18. doi: 10.1089/jwh.2012.3606. Epub 2012 Oct 10.

Is military deployment a risk factor for maternal depression?

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BACKGROUND: Maternal depression is a common condition among new mothers that can be associated with poor maternal health and negative consequences on infant health. Little research has been conducted to examine maternal depression, especially among military mothers, where unique conditions often exist. Using data from a large military cohort, this study prospectively examined the relationship between deployment experience before and after childbirth and maternal depression among U.S. service women.

METHODS: The study included 1,660 female Millennium Cohort participants who gave birth during active duty service and completed baseline and follow-up questionnaires between 2001 and 2008. Maternal depression was assessed at follow-up using Primary Care Evaluation of Mental Disorders Patient Health Questionnaire criteria.

RESULTS: Deployment before childbirth, regardless of combat experience, and deployment without combat experience after childbirth did not increase the risk

of maternal depression. Women who deployed and reported combat experience after childbirth were at increased risk for maternal depression compared with nondeployed women who gave birth (adjusted odds ratio [OR] 2.01, 95% confidence interval [CI] 1.17-3.43). Among the subgroup of female combat deployers, however, women who gave birth did not have a significantly increased risk for depression compared with those who did not give birth.

CONCLUSIONS: Military women who deployed with combatlike experiences after childbirth were at increased risk for postdeployment maternal depression. The risk, however, appeared primarily related to combat rather than childbirth-related experiences.

26. BMC Psychiatry. 2012 Oct 9;12:166. doi: 10.1186/1471-244X-12-166.

Comparison of the effectiveness of trauma-focused cognitive behavioral therapy and paroxetine treatment in PTSD patients: design of a randomized controlled trial.

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BACKGROUND: The two most common interventions for Posttraumatic Stress Disorder (PTSD) are pharmacological treatment with SSRIs such as paroxetine and psychological treatment such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). International guidelines recommend trauma-focused psychological interventions for all PTSD patients as first-line treatment (NICE). However, no clear-cut evidence is available to support this recommendation.

METHODS/DESIGN: In order to compare pharmacological treatment (paroxetine) and psychological treatment (TF-CBT) in (cost-) effectiveness on the short and the long term, we will randomize 90 patients with chronic PTSD to either paroxetine (24 weeks) or TF-CBT (10-12 weeks). We will assess symptom severity and costs before and after the intervention with the Clinician Administered PTSD Scale (CAPS), the Clinical Global Impression Scale (CGI) and the Trimbos/iMTA questionnaire for Costs associated with Psychiatric Illness (TiC-P).

DISCUSSION: This study is unique for its direct comparison of the most commonly used psychological intervention (TF-CBT) and pharmacological intervention (paroxetine) on (cost-) effectiveness on the short and the long term. The anticipated results will provide relevant evidence concerning long-term effects and relapse rates and will be beneficial in reducing societal costs. It may also provide information on who may benefit most from which type of intervention. Some methodological issues will be discussed.

27. J Exp Child Psychol. 2013 Feb;114(2):229-42. doi: 10.1016/j.jecp.2012.08.007. Epub 2012 Oct 1.

Predicting the accuracy of facial affect recognition: the interaction of child maltreatment and intellectual functioning.

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Previous research demonstrates that both child maltreatment and intellectual performance contribute uniquely to the accurate identification of facial affect by children and adolescents. The purpose of this study was to extend this research by examining whether child maltreatment affects the accuracy of facial recognition differently at varying levels of intellectual functioning. A sample of maltreated (n=50) and nonmaltreated (n=56) adolescent females, 14 to 19 years of age, was recruited to participate in this study. Participants completed demographic and study-related questionnaires and interviews to control for potential psychological and psychiatric confounds such as symptoms of posttraumatic stress disorder, negative affect, and difficulties in emotion regulation. Participants also completed an experimental paradigm that recorded responses to facial affect displays starting in a neutral expression and changing into a full expression of one of six emotions: happiness, sadness, anger, disgust, fear, or surprise. Hierarchical multiple regression assessed the incremental advantage of evaluating the interaction between child maltreatment and intellectual functioning. Results indicated that the interaction term accounted for a significant amount of additional variance in the accurate identification of facial affect after controlling for relevant covariates and main effects. Specifically, maltreated females with lower levels of intellectual functioning were least accurate in identifying facial affect displays, whereas those with higher levels of intellectual functioning performed as well as nonmaltreated females. These results suggest that maltreatment and intellectual functioning interact to predict the recognition of facial affect, with potential long-term consequences for the interpersonal functioning of maltreated females.

28. Rehabil Psychol. 2012 Nov;57(4):328-36. doi: 10.1037/a0030032. Epub 2012 Oct 1.
Functional independence in pediatric-onset spinal cord injury: two levels of mediation.

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PURPOSE/OBJECTIVE: To test 3 models that examine the relationship of posttraumatic stress (PTS), family functioning (FF), and level of spinal cord injury (SCI) to functional independence (FI) among patients with pediatric-onset SCI. **RESEARCH METHOD/DESIGN:** Participants were 109 pediatric spinal cord injury patients, ages 11-24 years, from 2 surgical and rehabilitation hospitals. Data from 2 previous cross-sectional studies included the Posttraumatic Diagnostic Scale, the Family Assessment Device, and the Pediatric Orthopedic Surgeons of North America Pediatric Musculoskeletal Functional Health Questionnaire. Path analyses were used to test 3 hypothesized models: that PTS would mediate the relationship between FF and FI, that PTS Avoidance symptoms would mediate the relationship between other PTS symptom clusters and FI, and that these 2 models would show adequate fit to the data when integrated into an overarching model to depict the interrelationship of level of SCI (tetraplegia v. paraplegia), FF, PTS symptom clusters, and FI.

RESULTS: Results from the first model indicated that PTS mediated the relationship between FF and FI. In addition, the Avoidance symptom cluster of PTS mediated the relationships between PTS Reexperiencing symptoms and FI and between the PTS Arousal symptom cluster and FI. A third model integrated the previous 2 models and supported these 2 levels of mediation.

CONCLUSIONS/IMPLICATIONS: Level of SCI related directly to FI, and PTS mediated the relationship between FF and FI; PTS Avoidance mediated the relationships between Intrusive Reexperiencing and FI and between PTS Arousal and FI.

29. J Clin Child Adolesc Psychol. 2012;41(6):822-36. doi: 10.1080/15374416.2012.717872. Epub 2012 Sep 10.

Longitudinal examination of PTSD symptoms and problematic alcohol use as risk factors for adolescent victimization.

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The current study examined associations between posttraumatic stress disorder (PTSD) symptoms and future interpersonal victimization among adolescents, after accounting for the impact of early victimization exposure, gender, ethnicity, and household income. In addition, problematic alcohol use was tested as a mediator of the relation between PTSD symptoms and subsequent victimization. Participants included a national longitudinal sample of adolescents (N = 3,604) who were ages

12 to 17 at the initial assessment: 50% were male, and 67% were White, 16% African American, and 12% Hispanic. Cohort-sequential latent growth curve modeling was used to examine associations among the study variables. Baseline PTSD symptoms significantly predicted age-related increases in interpersonal victimization, even after accounting for the effects of earlier victimization experiences. In addition, alcohol problems emerged as a partial mediator of this relation, such that one fourth to one third of the effect of PTSD symptoms on future victimization was attributable to the impact of PTSD symptoms on alcohol problems (which, in turn, predicted additional victimization risk). Collectively, the full model accounted for more than half of the variance in age-related increases in interpersonal victimization among youth. Results indicate that PTSD symptoms serve as a risk factor for subsequent victimization among adolescents, over and above the risk conferred by prior victimization. This increased risk occurred both independently and through the impact of PTSD symptoms on problematic alcohol use. Based on these findings, it is hypothesized that the likelihood of repeated victimization among youth might be reduced through early detection and treatment of these clinical problems.

30. BMC Pregnancy Childbirth. 2012 Sep 3;12:88. doi: 10.1186/1471-2393-12-88.
Prevalence and risk factors of childbirth-related post-traumatic stress symptoms.

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BACKGROUND: There is evidence that traumatic birth experiences are associated with psychological impairments. This study aimed to estimate the prevalence of childbirth-related post-traumatic stress symptoms and its obstetric and perinatal risk factors among a sample of Iranian women.

METHODS: This was a cross-sectional study carried out in Bushehr, Iran during a 3-months period from July to September 2009. Data were collected from all women attending eleven healthcare centers for postnatal care 6 to 8 weeks after childbirth. Those who had a traumatic delivery were identified and entered into the study. In order to assess childbirth-related post-traumatic stress, the Post-traumatic Symptom Scale-Interview (PSS-I) was administered. Data on demographic, obstetric and perinatal characteristics also were collected. Multivariate logistic regression was performed to examine the association between childbirth-related post-traumatic stress and demographic and obstetric and perinatal variables.

RESULTS: In all, 400 women were initially evaluated. Of these, 218 women (54.5%) had a traumatic delivery and overall, 80 women (20%) were found to be suffering

from post-partum post-traumatic stress disorder (PTSD). Multiple logistic regression analysis revealed that post-partum PTSD was associated with educational level, gestational age at delivery, number of prenatal care visits, pregnancy complications, pregnancy intervals, labor duration, and mode of delivery.

CONCLUSIONS: The findings indicated that the prevalence of traumatic birth experiences and post-partum PTSD were relatively high among Iranian women. The findings also indicated that obstetric and perinatal variables were independently the most significant contributing factors to women's post-partum PTSD. It seems that a better perinatal care and supportive childbirth might help to reduce the burden of post-partum PTSD among this population.

31. J Interpers Violence. 2013 Jan;28(1):201-28. doi: 10.1177/0886260512448844. Epub 2012 Aug 27.

Affect and state dysregulation as moderators of the relationship between childhood sexual abuse and nonsuicidal self-injury.

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Nonsuicidal self-injury (NSSI) is a significant problem in both clinical and nonclinical populations. Affect and state dysregulation are frequently observed in survivors of childhood sexual abuse and in those who engage in NSSI. Both have been found to predict NSSI, and affect regulation has also been modeled as a mediator of NSSI. This study extends present research by modeling both affect and state dysregulation as moderators of NSSI. The findings are discussed as an extension of the tension reduction theory and within a conceptualization of posttraumatic stress disorder (PTSD) as an asymmetry of the approach-avoidance neurophysiological system.

32. J Behav Ther Exp Psychiatry. 2013 Mar;44(1):69-76. doi: 10.1016/j.jbtep.2012.07.007. Epub 2012 Aug 10.

Trauma-related reactivity and regulation of emotion: associations with posttraumatic stress symptoms.

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BACKGROUND AND OBJECTIVES: Both emotional reactivity to traumatic event cues and difficulties regulating emotion have been linked to posttraumatic stress symptom

severity. The current study uniquely extended these two lines of research by examining the degree to which these two factors alone, and in combination, account for variability in posttraumatic stress symptom severity.

METHOD: Self-reported emotion regulation difficulties, and both subjective and physiological reactivity in response to a script-driven imagery procedure, were assessed among a community sample of 21 adult women with a history of interpersonal assault. Relationships with an interview-based measure of posttraumatic stress symptom severity were examined.

RESULTS: Results were consistent with hypotheses. Both traumatic event-related emotional reactivity and emotion regulation difficulties independently predicted posttraumatic stress symptom severity. A significant interaction also emerged such that traumatic event-related emotional reactivity and posttraumatic stress symptom severity were only significantly associated at relatively elevated levels of emotion regulation difficulties.

LIMITATIONS: Limitations included the use of a self-report questionnaire to assess emotion regulation difficulties, relatively small sample size, and lack of evidence regarding generalizability across gender or other traumatic event types.

CONCLUSIONS: These results highlight that the interaction of heightened emotional reactivity and difficulties regulating emotion may be particularly influential in posttraumatic stress symptom severity.

33. Compr Psychiatry. 2013 Jan;54(1):83-90. doi: 10.1016/j.comppsy.2012.06.007. Epub 2012 Aug 14.

Validation of the Chinese version of the Children's Revised Impact of Event Scale (CRIES) among Chinese adolescents in the aftermath of the Sichuan Earthquake in 2008.

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OBJECTIVE: This study examined the psychometric properties of the 13-item Chinese version of the revised Impact of Event Scale for Children (CRIES) among 3160 high school students in Chengdu, China, 1 month after the Sichuan Earthquake in 2008.

METHODS: Participants self-administered a structured questionnaire in classroom settings. Posttraumatic stress symptoms (using the Chinese version of the CRIES) and other psychological variables, including depression, anxiety, thoughts of physical threat, and earthquake-related experiences, were measured. Confirmatory factor analysis and Spearman correlation analyses were conducted to confirm the factor structure and examine the validity of the CRIES.

RESULTS: As in previous Western studies, confirmatory factor analysis results

indicated that the 3-factor structure of the CRIES (intrusion, avoidance, and hyperarousal) provided a significantly better fit than the single-factor model and the 2-factor model. The CRIES showed good reliability (Cronbach α s for the full scale and subscales ranged from .74 to .85). The CRIES total score was positively correlated with depression, anxiety, automatic thought of physical threat, earthquake-related worries, and postearthquake suicidal ideation. CONCLUSIONS: The CRIES has shown to be reliable and valid in assessing Chinese adolescents' symptoms of potential posttraumatic stress disorder. Our findings also support the 3-factor measurement model of posttraumatic stress symptoms, which is comparable with their Western studies. Further validation studies on other forms of traumatic experience among Chinese adolescents are warranted.

34. Eur Child Adolesc Psychiatry. 2012 Dec;21(12):673-9. doi: 10.1007/s00787-012-0307-4. Epub 2012 Jul 12.

Distinctiveness of symptoms of prolonged grief, depression, and post-traumatic stress in bereaved children and adolescents.

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Studies among adults have shown that symptoms of prolonged grief disorder (PGD) are distinct from those of bereavement-related depression and post-traumatic stress-disorder (PTSD). This study was an attempt to replicate this finding in two distinct samples of bereaved children (N = 197; aged 8-12 years) and adolescents (N = 135; 13-18 years), confronted with the death of a parent, sibling or other close relative. Using confirmatory factor analyses, we compared the fit of a one-factor model with the fit of a three-factor model in which symptoms formed three distinct, correlated factors. In both samples, findings showed that the model in which symptoms of PGD, depression, and PTSD loaded on separate factors was superior to a one-factor model and displayed excellent model fit. Summed scores on the PGD, depression, and PTSD items were significantly associated with functional impairment, attesting to the concurrent validity of the PGD, depression, and PTSD factors. The current findings complement prior evidence from adult samples that PGD is a distinct syndrome and suggest that PGD symptoms should be addressed in the assessment and treatment of bereaved children and adolescent seeking help following their loss.

35. Psychiatry Res. 2012 Dec 30;200(2-3):602-8. doi: 10.1016/j.psychres.2012.05.033. Epub 2012 Jul 11.

Lifetime trauma exposure and posttraumatic stress disorder in women sentenced to drug court.

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The aims of this study were to characterize trauma exposure and posttraumatic stress disorder (PTSD) in female drug court participants and test for differences in socioeconomic status and familial status between women with: (i) no trauma exposure, (ii) trauma exposure without PTSD, and (iii) trauma exposure resulting in PTSD. Three hundred and nineteen women were recruited from drug courts. Rates of exposure and likelihood of traumatic events leading to PTSD were examined, sociodemographic characteristics were compared across groups, and a logistic regression analysis was conducted to test for differences in PTSD risk for assaultive vs. non-assaultive events. Twenty percent of participants met PTSD criteria, 71% had trauma exposure without PTSD, and 9% did not endorse any traumatic events. Prostitution and homelessness were more prevalent in women with vs. without a history of trauma, but among trauma-exposed women prevalences did not vary by PTSD status. No differences in risk for PTSD were found between assaultive and non-assaultive events (OR=0.91; 95%CI: 0.48-1.75). Women sentenced to drug court represent a heavily trauma-exposed population, for whom risk for PTSD is not limited to assaultive events. Within this high-risk population, trauma is associated with elevated rates of homelessness and prostitution, even in the absence of PTSD.

36. Psychol Health. 2012;27(12):1448-62. doi: 10.1080/08870446.2012.690414. Epub 2012 May 28.

Post-traumatic stress symptoms in mothers of children with leukaemia undergoing the first 12 months of therapy: predictive models.

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The aim of this study consists in the measurement of psychological health and adaptation in mothers of children during the first 12 months of treatment for leukaemia and in the identification of possible early predictors. Ninety-four mothers were followed longitudinally at one week (T1), one month (T2), six months (T3) and 12 months (T4) post-diagnosis. The instruments used were: PTSD symptom

checklist, BSI-18, Problem Scale, Ladder of life and an in-depth interview (EFI-C). Couple connectedness, family routine reorganisation, parental communication around the child's illness and trust in the medical care significantly increased from T1 to T4. Two models are proposed concerning possible predictors of mothers' PTSS at T2 and at T3. Clinical suggestions are proposed on the basis of our empirical findings in order to plan informative, clinical and practical interventions for mothers of children under treatment for leukaemia.

37. J Clin Child Adolesc Psychol. 2012;41(6):837-44. doi: 10.1080/15374416.2012.675571. Epub 2012 Apr 27.

Cumulative effects of exposure to violence on posttraumatic stress in Palestinian and Israeli youth.

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We examine cumulative and prospective effects of exposure to conflict and violence across four contexts (ethnic-political, community, family, school) on posttraumatic stress (PTS) symptoms in Palestinian and Israeli youth. Interviews were conducted with 600 Palestinian and 901 Israeli (Jewish and Arab) children (ages 8, 11, and 14) and their parents once a year for 3 consecutive years. Palestinian children, males, and older youth were generally at greatest risk for exposure to conflict/violence across contexts. Regression analysis found unique effects of exposure to ethnic-political (Palestinian sample), school (Palestinian and Israeli Jewish samples), and family conflict/violence (Israeli Arab sample) during the first 2 years on PTS symptoms in Year 3, controlling for prior PTS symptoms. Cumulative exposure to violence in more contexts during the first 2 years predicted higher subsequent PTS symptoms than did exposure to violence in fewer contexts, and this was true regardless of the youth's level of prior PTS symptoms. These results highlight the risk that ongoing exposure to violence across multiple contexts in the social ecology poses for the mental health of children in contexts of ethnic-political violence. Researchers and mental health professionals working with war-exposed youth in a given cultural context must assess both war- and non-war-related stressors affecting youth. Based on this assessment, interventions may not be limited to individual-based, war-trauma-focused approaches but also may include school-based, community-based, and family-level interventions.

38. Injury. 2013 Jan;44(1):110-7. doi: 10.1016/j.injury.2012.01.008. Epub 2012 Feb 9.
Screening for harmful alcohol use in Australian trauma settings.

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INTRODUCTION: High rates of trauma recidivism associated with alcohol use indicate the need to screen for alcohol consumption and related harm. Routine collection of prevalence data relating to alcohol use in Australian trauma settings is not undertaken currently, and diverse screening approaches are used across different settings. This study sought to examine the feasibility of routine screening for alcohol related injury and harmful alcohol use, and determine the prevalence of alcohol related injury and risky alcohol consumption amongst trauma patients in Western Australia.

METHODS: A step-down model of screening for alcohol-related injury and harmful alcohol consumption was developed and trialled. Over a four month period at a statewide trauma service, 729 non-head injured trauma patients were screened using a two-item measure in emergency and acute surgical settings, and 538 patients who screened positive were subsequently administered a standardised self report measure of alcohol consumption.

RESULTS: There was a 49% compliance rate with the Emergency Department brief screening protocol for alcohol related injury. Of those screened, 77% were identified by clinical staff as potentially having had an alcohol related injury or be engaging in risky drinking regularly. Sixty per cent of the screened patients who subsequently completed a standardised self report measure were identified as drinking at harmful levels (41% hazardous; 7% harmful; 12% dependent). Of these, 15% and 24% met the DSM-IV-TR criteria for alcohol abuse and dependence respectively. Approximately 30% of patients diagnosed with an alcohol use disorder were not identified by staff as having an alcohol-related injury or problem. Higher alcohol consumption was significantly associated with greater risk of depression and PTSD.

CONCLUSIONS: Preliminary findings suggest a high prevalence of alcohol-related injury, and harmful alcohol consumption. These findings point to an urgent need to develop reliable and economical screening protocols for harmful alcohol use across Australian trauma settings and the adoption of strategies to ensure their compliance, to enable accurate identification of those most likely to benefit from interventions to reduce alcohol related harm.

39. Anxiety Stress Coping. 2013;26(1):52-69. doi: 10.1080/10615806.2011.634001. Epub 2011 Nov 21.

Main and interactive effects of social support in predicting mental health symptoms in men and women following military stressor exposure.

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Evidence across a multitude of contexts indicates that social support is associated with reduced risk for mental health symptoms. More information is needed on the effectiveness of different sources of support, as well as sex differences in support. Associations between social support from two sources - the military unit and friends and family - and mental health symptoms were examined in a study of 1571 Marine recruits assessed at the beginning and end of a highly stressful 13-week training program. Military social support buffered the stressor exposure-posttraumatic stress symptomatology (PTSS) relationship, whereas the relationship between stressor exposure and PTSS was highest when civilian social support was high. Further inspection of the interactions revealed that military support was most important at high levels of stressor exposure. Sex differences in the relationship between social support and symptoms were found, such that support from military peers was associated with lower levels of PTSS for men, whereas civilian support was associated with lower PTSS for women. While civilian social support was associated with lower levels of depression symptom severity in both women and men, the relationship was stronger for women. Reviewed implications focus on the importance of considering the recipient, source, and context of social support.

40. Soc Cogn Affect Neurosci. 2012 Nov;7(8):969-79. doi: 10.1093/scan/nsr069. Epub 2011 Oct 22.

An fMRI study of the brain responses of traumatized mothers to viewing their toddlers during separation and play.

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This study tested whether mothers with interpersonal violence-related posttraumatic stress disorder (IPV-PTSD) vs healthy controls (HC) would show

greater limbic and less frontocortical activity when viewing young children during separation compared to quiet play. Mothers of 20 children (12-42 months) participated: 11 IPV-PTSD mothers and 9 HC with no PTSD. During fMRI, mothers watched epochs of play and separation from their own and unfamiliar children. The study focused on comparison of PTSD mothers vs HC viewing children in separation vs play, and viewing own vs unfamiliar children in separation. Both groups showed distinct patterns of brain activation in response to viewing children in separation vs play. PTSD mothers showed greater limbic and less frontocortical activity (BA10) than HC. PTSD mothers also reported feeling more stressed than HC when watching own and unfamiliar children during separation. Their self-reported stress was associated with greater limbic and less frontocortical activity. Both groups also showed distinct patterns of brain activation in response to viewing their own vs unfamiliar children during separation. PTSD mothers' may not have access to frontocortical regulation of limbic response upon seeing own and unfamiliar children in separation. This converges with previously reported associations of maternal IPV-PTSD and atypical caregiving behavior following separation.

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Psychometric properties of the Dutch Inventories of Prolonged Grief for Children and Adolescents.

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A significant minority of bereaved adults develops prolonged grief disorder (PGD), a syndrome encompassing debilitating symptoms of grief distinct from depression and anxiety. Few studies have examined the phenomenology and correlates of PGD among children and adolescents. In part, this is due to the lack of a psychometrically sound questionnaire to assess PGD symptoms in these groups. Based on an adult measure of PGD, we developed two questionnaires of PGD symptoms for children and adolescents named the Inventory of Prolonged Grief for Children (IPG-C) and Inventory of Prolonged Grief for Adolescents (IPG-A), respectively. Psychometric properties of these measures were examined in three samples, including mostly parentally bereaved children (aged 8-12 years, total sample n = 169) and adolescents (aged 13-18 years, total sample n = 153). First, findings showed that items of the IPG-C and IPG-A represented one underlying dimension. Second, the internal consistency and temporal stability of both questionnaires were adequate. Third, findings supported the concurrent validity

(e.g., significant correlations with measures of depression and post-traumatic stress-disorder [PTSD]), convergent and divergent validity (stronger correlations with similar questionnaires of 'traumatic grief' than with two dissimilar questionnaires of 'ongoing presence' and 'positive memories') and incremental validity (significant correlations with an index of functional impairment, even when controlling for concomitant depression and PTSD) of the IPG-C and IPG-A. This report provides further evidence of the clinical significance of PGD symptoms among children and adolescents and promising psychometric properties of questionnaires that can be used to assess these symptoms. **KEY PRACTITIONER MESSAGE:** The Inventory of Prolonged Grief for Children (IPG-C) and Inventory of Prolonged Grief for Adolescents (IPG-A) were developed to be able to assess symptoms of Prolonged Grief Disorder (PGD) among children and adolescents. In different samples, the internal consistency, temporal stability, and concurrent and construct validity of these questionnaires were found to be adequate. The IPG-C and the IPG-A can be used in research examining causes and consequences of PGD, and the effectiveness of bereavement interventions for children and adolescents. This study provides further evidence of the existence and clinical significance of PGD symptoms among children and adolescents and supports the inclusion of a new category for bereavement-related disorders in DSM-5.